

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	330843
<015> Study Area Name	AMHERST TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Richard Letto
<035> Contact Telephone Number: Number of the person identified in data line <030>	715-824-5529
<039> Contact Email Address: Email of the person identified in data line <030>	rletto@tvalleycom.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="330843wi510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="330843wi610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5				
<111>	year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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[illegible]

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

**(710) Broadband Price Offerings
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 330843

<015> Study Area Name	AMHERST TEL CO
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<020>	Program Year	2014
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Richard Letto
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<035>	Contact Telephone Number - Number of person identified in data line <030>	715-824-5529
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com
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[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com
<810>	Reporting Carrier	Amherst Telephone Company
<811>	Holding Company	N/A
<812>	Operating Company	Amherst Telephone Company

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	330843wil210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached PDF,
on line 1210, or the website listed, on line 1220,
contains the required information pursuant to §
54.422(a)(2) annual reporting for ETCs receiving low-income
support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
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<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
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<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>
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(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

<input type="checkbox"/>
<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

<input type="checkbox"/>

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330843
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	330843wi3026

**Certification - Reporting Carrier
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330843
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<039>	Contact Email Address - Email Address of person identified in data line <030>	rletto@tvalleycom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kiesling Associates LLP
Name of Reporting Carrier:	AMHERST TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Officer:	Carl Bohman
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	715-824-5529
Study Area Code of Reporting Carrier:	330843 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	AMHERST TEL CO
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	608-664-9110
Study Area Code of Reporting Carrier:	330843 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

July 2013

FCC Form 481 – Line 510 Service Quality Certification Description

SAC: 330843
State: WI
Name: Amherst Telephone Company
Submission: 10/15/2013

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Amherst Telephone Company complies with applicable service quality standards for telecommunications providers in the Wisconsin State Statutes (§§100.207 and .208) regulating, advertising, sales and collections practices, and as applicable, those of the Public Service Commission of Wisconsin in the Wisconsin Administrative Code (*Ch. PSC 165*), regarding Standards for Telecommunications Service.

Amherst Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information (*CPNI; WC Docket No. 04-36*), those of the Wisconsin Department of Agriculture, Trade and Consumer Protection (*Ch. ATC 123*) covering appropriate subscription and billing practices and (*Ch. ATC 127*) covering appropriate direct marketing practices.

Amherst Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Description

SAC: 330843
State: WI
Name: Amherst Telephone Company
Submission: 10/15/2013

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Amherst Telephone Company complies with relevant sections of the Wisconsin Administrative Code, Standards for Telecommunications Service (*Ch. PSC 165.065(1), and (2)*) requiring that it make reasonable provision to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness of personnel, or from fire, storm, or similar emergencies.

The company has maintained reasonably adequate provisions for emergency power in response to emergency situations, and performed regular tests of its back-up power capabilities.

Amherst Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: 330843
State: WI
Name: Amherst Telephone Company
Submission: 10/15/2013

Amherst Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits totaling \$10.00 (\$9.25 via the federal Low Income program, plus \$0.75 via the Wisconsin Universal Service Fund) against the regular \$13.68 monthly rate for residential local telephone service. This benefit is limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes Provided: Unlimited local calling.
- Additional Charges for Toll Calls: Toll calls are billed at carriers' standard rates.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Wisconsin Works (W2)
- Medical Assistance (MA)/Badger Care/Medicaid
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Wisconsin Homestead Tax Credit (Schedule H)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Amherst Telephone Company's local tariff Terms and Conditions for Lifeline Service are attached.

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

AMHERST TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	4
Sheet No.	4
Amendment No.	3

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis Adm. Code.
2. Lifeline Service provides a monthly discount to eligible residence customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the customer's telephone bill), and the End User Common Line Charge (EUCL). If the customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service.
3. Lifeline Service monthly rates for residence customers are established according to s. PSC 160.062(1), (2) and (3), Wis Adm. Code.

B. REGULATIONS

1. Lifeline Service is only available for residence customers with a single line network access line in their principle place of residence.
2. Lifeline Service is not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years old.
3. Lifeline Service customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.
4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue.

Issued _____ Applicable to bills rendered on and after **JAN 01 1998**

PSCW Authorization by order No. _____

Letter **JAN 5 1998**

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

AMHERST TELEPHONE COMPANY

Name of Utility

Exchange ALLSection No. 4Sheet No. 5

Amendment No. _____

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

B REGULATIONS (Cont'd)

5. Reconfirmation of Eligibility for Lifeline Service

- a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.
- b. If a customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.
- c. When the Low Income Household Energy Assistance Program is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.
- d. When the Wisconsin Homestead Tax Credit is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company Lifeline Service will be removed from the customers bill.
- e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is be in place.

Issued _____ Applicable to bills rendered on and after _____

PSCW Authorization by order No. _____

Letter _____ OCT 19 1997

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

AMHERST TELEPHONE COMPANY

Name of Utility

Exchange ALL
Section No. 4
Sheet No. 6
Amendment No. 71

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

B. REGULATIONS (Cont'd)

6. Lifeline Service will appear as a credit or rate reduction on the customer's bill on the next date following the date the customer applied for Lifeline Service. When the customer's eligibility precedes the previous bill, credit will also be given on one month's prior bill.
7. A Lifeline Service customer cannot be disconnected for the non-payment of toll charges.
8. If Call Blocking Service is available and the customer has elected Call Blocking Service, a Service Deposit cannot be collected to establish Lifeline Service. If Call Blocking Service is not available, the Company may require a Service Deposit to establish Lifeline Service.

(D)

(D)

Issued 12-14-01 Applicable to bills rendered on and after 1-1-02

PSCW Authorization by order No. _____

Letter JAN - 4 2002

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

AMHERST TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	4
Sheet No.	6.1
Amendment No.	75

EXCHANGE ACCESS SERVICES

LIFELINE SERVICE (Cont'd)

C. RATES AND CHARGES

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number) at the rate specified elsewhere in this tariff.

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line Charge (EUCL) as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

State Lifeline support credit as specified by the Public Service Commission of Wisconsin in Wis. Admin. Code PSC 160.062.

3. Lifeline Service monthly credit

The Lifeline Service monthly credit is \$10.00.

(I)

Issued 7-1-03 Applicable to bills rendered on and after 7-1-03

PSCW Authorization by order No. JUL 15 2003

Letter

REDACTED – FOR PUBLIC INSPECTION

AMHERST TELEPHONE COMPANY (SAC 330843)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY